
	LIBRARY OF MICHIGAN CERTIFICATION OFFICE 702 WEST KALAMAZOO STREET P.O. BOX 30007 LANSING, MICHIGAN 48909	
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CERTIFIED PUBLIC LIBRARY STAFF NOTIFICATION OF NAME CHANGE

Complete this form to reflect a change of name. This completed form will be attached to your existing certification information on file with the Library of Michigan.

GENERAL INSTRUCTIONS:

- Complete all sections of the application form. ***PLEASE PRINT OR TYPE.***
- Mail the completed application form to the address indicated above. The form may also be faxed to (517) 373-5700.
- Direct questions regarding this form to the Certification Office at (517) 373-1580.

APPLICANT INFORMATION

LAST 4 DIGITS SOCIAL SECURITY NUMBER		MICHIGAN DRIVER'S LICENSE NUMBER		DATE	
NAME CHANGE	Last	First	Middle	HOME PHONE NUMBER ()	
MAIDEN/FORMER NAMES					
HOME ADDRESS		Street	City	State	Zip Code
LIBRARY		Street	City	State	Zip Code

APPLICANT'S SIGNATURE _____ **DATE** _____

FOR OFFICIAL USE
-DO NOT WRITE BELOW THIS LINE-

Date Received _____

Received By _____ Received By _____